	THE DIVISION OF HEALTH						59-012864	
				, , ,	ATE OF DEATH		STATE FILE	
٦,	CD MAY 11	10EC Registration Dist	trict No	5-116 Pri	imary Registration District	No. 3020	Registrar's	No. 109
**	PLACE OF DEAT	H 1333			2. USUAL RESIDENC	E (Where deceased live	ed. If institution	n: Residence before
L	G. COUNTY Franklin				souri b. co	UNTY Jeff	erson	
		de corporate limits, give	TOWNSHIP only)	Inside Limits	c. CITY OR		0 500	Inside Limits
	TOWN Was	shington		Yes 🔀 No 🗌	тойнОетп	ann		Yes 🔀 No 🗌
	c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTIONSt. Francis Hosp.			d. STREET ADDRESS	(If outside, gi	ve location)	Reside on Farm	
3	NAME OF DECEA	SED First	,	Middle	Last	4. DATE OF	Month [Day Year
	- 	Barbara		orrell_	Komo	DEATH 1	May 1,1	959
5	s. SEX	6. COLOR OR RACE	7. MARRIED N	EVER MARRIED	8. DATE OF BIRTH	9. AGE (In yes	FUNDER 1 Y	
F	'emale ı	White	7 MIDOMEDA			75 test birthdi	ay) Months Day	ys Hours Min
10		ON (Give kind of work done	106. KIND OF BU	SINESS OR	11. BIRTHPLACE (City and	state or country)	12. CITIZEN	OF WHAT COUNTRY
H	during most of working life, even if retired) HOUSGWIFE HO		Home		Leopold,	Missouri	0 <u>US</u>	Α
	a. FATHER'S NAME			THER'S MAIDEN N	AME	14. NAME OF HUS	SBAND OR WIFE	
	Henry H	orrell	Me	rgaret 1	Markard	Nick Ko	omo	
15	15. WAS DECEASED EVER IN U. S. ARMED FORCES?			IAL SECURITY NO.	17. INFORMANT	Add	ress	
(Y	(Yes, no, or unknown) (If yes, give war or dates of service) None			M.H. Komo	Gru	bville	. Mo.	
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:							
ľ	IB. CAUSE OF DE	EATH (Enter only one car	use per line for (a)	, (b), and (c).)			l lÑ	TERVAL BETWEEN
					alusion'		l C	TERVAL BETWEEN INSET AND DEATH
		EATH (Enter only one cou DEATH WAS CAUSED BY MMEDIATE CAUSE (a)		, (b), and (c).)	chision		IN C	TERVAL BETWEEN
	Ti	MMEDIATE CAUSE (a)			clusion		IN C	IDUVS
-	Conditions, which gave above caus stating the	MMEDIATE CAUSE (a) _ if any, DUE TO (b) . o(o), \ under \(\)			clusion 2005i S		IN	IDYTS
TION	Conditions, which gave above caus stating the lying cause	if any, rise to (a) DUE TO (b) . O(b) DUE TO (c) .	con certe	id l	clusion and serving discountries to the terminal discountries to the termi	ease condition given in P	C	O Y S
ICATION	Conditions, which gave above caus stating the lying cause	if any, rise to (a) DUE TO (b) . O(b) DUE TO (c) .	con certe	id l	not related to the terminal dis	ease condition given in P/	C	O Y/S
RIFICATION	Conditions, which gave above caus stating the lying cause PART II. OT	if any, rise to (a) DUE TO (b) o (a), and or DUE TO (c) . THER SIGNIFICANT CONDI	Contribut	ING TO DEATH but		4	ART 1 (o) 1 26 /	O LO S
CERTIFICATION	Conditions, which gave above caus stating the lying cause PART II. OT	if any, rise to (a) DUE TO (b) . O(b) DUE TO (c) .	Contribut	ING TO DEATH but	not related to the terminal dis	4	ART 1 (o) 1 26 /	O U S
EDICAL CERTIFICATION	Conditions, which gave above caus stating the lying cause PART II. OT	MMEDIATE CAUSE (a) if any, rise to (b) if any, rise to (c) ULE TO (c) THER SIGNIFICANT CONDI SUICIDE HOMICIDE DOWN Month, Day, Year	Contribut	ING TO DEATH but		4	ART 1 (o) 1 26 /	O U S
MEDICAL CERTIFICATION	Conditions, which gove above caus stating the lying causs PART II. OT	if any, rise to (a). OUE TO (b). DUE TO (c). HER SIGNIFICANT CONDI SUICIDE HOMICIDE DUE TO (c).	ITIONS CONTRIBUT	ING TO DEATH but	CURRED. (Enter nature of	み Injury in PART I or PAR	ART I (o) 1 26 RT II of item 18.	IPS WAS AUTOPSY PERFORMED? YES NO 13
MEDICAL CERTIFICATION	Conditions, which gove above caus stating the lying cause PART II. OT 20a. ACCIDENT 20c. TIME OF HINJURY a. 20d. INJURY OCCU	MMEDIATE CAUSE (a) if any, rise to (b) vise to (c), under- last. DUE TO (c) THER SIGNIFICANT CONDI SUICIDE HOMICIDE Dur Month, Day, Year m. m. JRRED 20e. PL	ITIONS CONTRIBUT	ING TO DEATH but	CURRED. (Enter nature of	み Injury in PART I or PAR	ART 1 (o) 1 26 /	O U S
MEDICAL CERTIFICATION	Conditions, which gove above caus stating the lying cause PART II. OT 20a. ACCIDENT 20c. TIME OF HINJURY a. 20d. INJURY OCCU	MMEDIATE CAUSE (a) if any, rise to (b) vise to (c), under- lost. DUE TO (c) DUE TO (c) INTER SIGNIFICANT CONDITION SUICIDE HOMICIDE Dur Month, Day, Year m. MR. JÜRED 20e. PL. farn WORK leceased from	20b. DESCRIBE	ING TO DEATH but HOW INJURY OCC e.g., in or about hom office bldg., etc.)	CURRED. (Enter nature of	Injury in PART I or PART LOCATION Ist so her alive on	ARTI(a) 1 26 RT II of item 18.	9. WAS AUTOPSY PERFORMED? YES NO STATE
MEDICAL CERTIFICATION	Conditions, which gave above cause stating the lying cause PART II. OT 20a. ACCIDENT 20a. ACCIDENT 20c. TIME OF He INJURY OCCUMILE AT NOT WORK 21. I attended the december of the second sec	MMEDIATE CAUSE (a) if any, rise to (b) vise to (c), under- lost. DUE TO (c) DUE TO (c) INTER SIGNIFICANT CONDITION SUICIDE HOMICIDE Dur Month, Day, Year m. MR. JÜRED 20e. PL. farn WORK leceased from	20b. DESCRIBE ACE OF INJURY(ING TO DEATH but HOW INJURY OCC e.g., in or about hom office bldg., etc.)	CURRED. (Enter nature of	Injury in PART I or PART LOCATION Ist so her alive on	ARTI(a) 1 26 RT II of item 18.	9. WAS AUTOPSY PERFORMED? YES NO STATE
MEDICAL	Conditions, which gave above caus stating the lying cause PART II. OT 20a. ACCIDENT 20a. ACCIDENT 20c. TIME OF He INJURY OCCU WHILE AT NOT WORK 21. I attended the a Death occurred 22a. SIGNATURE	MMEDIATE CAUSE (a) if any, rise to, or	20b. DESCRIBE ACE OF INJURY (n, factory, street, or Degree 4 title)	ING TO DEATH but HOW INJURY OCC e.g., in or about hom office bldg., etc.)	CURRED. (Enter nature of e., 20f. CITY, TOWN, OR and It is a constant of the date stated above; and It is a constant of the date stated above.	Injury in PART I or PART LOCATION Ist so her alive on	ARTI(e) 1 26 / RT H of item 18. COUNTY May / dge, from Ne ca	19. WAS AUTOPSY PERFORMED? YES NO STATE
TYDIQ WEDICYT	Conditions, which gave above cause stating the lying cause PART II. OT 20a. ACCIDENT 20c. TIME OF HOME INJURY COLUMNILE AT NOT WORK 21. I attended the a Death occurred 22a. SIGNATURE BURIAL, CREMATION REMOVAL (Specify)	MMEDIATE CAUSE (a) if any, rise to (b) if any, rise to (c) (o), under- (lost) DUE TO (c) THER SIGNIFICANT CONDI SUICIDE HOMICIDE DOUR Month, Day, Year m. m. JÜRRED WHILE WHILE WORK deceased from at OTHER SIGNIFICANT CONDI AND	20b. DESCRIBE ACE OF INJURY (n, factory, street, or page 1 title) Degrees title) 23c. NAME	ING TO DEATH but HOW INJURY OCC e.g., in or about hom office bldg., etc.) SY, to	c, 20f. CITY, TOWN, OR and Interdate stated above; and the 22b. ADDRESS CREMATORY 23	LOCATION Injury in PART I or PART LOCATION Interpretation of the best of my knowled the best of my knowled the LOCATION (City, town	ART I (a) 1 26 / RT II of item 18. COUNTY May / dge, from (e ca	19. WAS AUTOPSY PERFORMED? YES NO STATE
23 В	Conditions, which gave above caus stating the lying cause PART II. OT 20a. ACCIDENT 20a. ACCIDENT 20c. TIME OF He INJURY OCCU WHILE AT NOT WORK 21. I attended the a Death occurred 22a. SIGNATURE	MMEDIATE CAUSE (a) if any, rise to (b) rise to (c) under DUE TO (c) THER SIGNIFICANT CONDI SUICIDE HOMICIDE DOUR Month, Day, Year m m. DIRRED 20e. PL. WORK deceased from of if any 4. 195	20b. DESCRIBE ACE OF INJURY (n, factory, street, or page 1 title) Degrees title) 23c. NAME	ING TO DEATH but HOW INJURY OCC e.g., in or about hom office bldg., etc.) SY, to	c, 20f. CITY, TOWN, OR and Interdate stated above; and the 22b. ADDRESS CREMATORY 23	LOCATION ist so her dive on o the best of my knowled. LOCATION (City, town	ART I (a) 1 26 / RT II of item 18. COUNTY May / dge, from Ve ca	19. WAS AUTOPSY PERFORMED? YES NO STATE
23° B	Conditions, which gove above cause stating the lying cause PART II. OT 20a. ACCIDENT 20c. TIME OF He INJURY a. 20d. INJURY OCCUWHILE AT NOT WORK 21. I attended the a Death occurred 22a. SIGNATURE BURIAL, CREMATION REMOVAL (Specify)	MMEDIATE CAUSE (a) if any, rise to (b), on (c), on (c	20b. DESCRIBE ACE OF INJURY (n, factory, street, or page 1 title) 23c. NAME 59 St. F.	ING TO DEATH but HOW INJURY OCC e.g., in or about hom office bldg., etc.) SY, to	CURRED. (Enter nature of c., 20f. CITY, TOWN, OR c., 20f. CITY, TOWN, OR c., 20f. CITY, TOWN, OR c., 20f. AQDRESS CREMATORY 23	LOCATION Inst so he dive on othe best of my knowled Location (City, town in the best of my knowled) Location (City, town in the best of my knowled)	ART I (a) 1 26 / RT II of item 18. COUNTY May / dge, from Ve ca	19. WAS AUTOPSY PERFORMED? YES NO STATE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, or by Student Embalmer No. 57.5—
working under my personal supervision.

Student Signature of Student Embalmer

Signature of Student Embalmer

Signature of Student Embalmer

Signature of Student Embalmer

Student Embalmer

Signature of Student

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure

to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.